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## **REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: **Commissioner for Patents Box RCE** Alexandria, VA 22313

Application Number	09/748,698
Filing Date	12/22/2000
First Named Inventor	Travostino
Art Unit	2145
Examiner Name	El Chanti
Attorney Docket Number Client Ref.	120-201 13462BAUS01U

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114				
a. Previously submitted				
i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on [DATE].  (Any unentered amendment(s) referred to above will be entered).  ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on  iii. Other  b. X Enclosed				
b. X Enclosed X Amendment/Reply iii. Information Disclosure Statement (IDS)				
ii. Affidavit(s)/Declaration(s) iv. Other	ii. Affidavit(s)/Declaration(s) iv. Other			
2. Miscellaneous				
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  b. Other				
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.				
<ul> <li>a. x The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502569</li> </ul>				
i. x RCE fee required under 37 CFR 1.17(e)				
ii. Extension of time fee (37 CFR 1.136 and 1.17)				
iii. U Other				
b. Check in the amount of \$ enclosed				
c. Payment by credit card (Form PTO-2038 enclosed)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Name (Print/Type) Holmes W. Anderson	<u> </u>	ation No. (Attorney/Agent) 37272		
/Holmes W. Anderson/	Date	December 8, 2008		
CERTIFICATE OF MAILING OR TRANSMISSION				
I hereby certify that this correspondence is being electronically filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below				
Name (Print/Type) Christine M. Morrissette	Christine M. Morrissette			
Signature /Christine M. Morrissette/	Date	December 8, 2008		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.